

## THRIFT SAVINGS PLAN REQUEST TO RESTORE FORFEITURE

TSP-5-R

Use this form to request the restoration of agency contributions that were forfeited from a participant's Thrift Savings Plan (TSP) account and to verify that corrected employee data have been submitted to the TSP.

Fax the form to: **Thrift Savings Plan Agency Technical Support** FAX: (703) 788-2936 First **PARTICIPANT** INFORMATION **2.** Social Security Number – – II. 3. Corrected Employee Data. Corrected employee data (e.g., Retirement Code, Vesting Code, TSP-Service Computation Date, Employment Code, or Employment Code Date) were submitted to the TSP with: VERIFICATION OF **a.** JV Report Number \_\_\_\_\_ **b.** Report Date \_\_\_\_\_\_ **CORRECTIONS MADE TO PARTICIPANT'S** Note: Form TSP-5-R will not be processed if this section is not completed. Employee data must be **TSP ACCOUNT** corrected before forfeited funds will be restored. III. **AGENCY IDENTIFYING DATA** Agency Contact Person IV. I hereby request that forfeited funds be restored for the above participant. In addition, I certify that the information provided in Section II is correct and that the participant is entitled to have the forfeited amounts **CERTIFICATION** restored to his or her TSP account. AND REQUEST TO RESTORE **FUNDS** Typed or Printed Name of Authorized Certifying Official Signature of Authorized Certifying Official Date Signed (mm/dd/yyyy) V. **11.** Reason for Forfeiture Restoration: **DATA ENTRY** (For TSP use only) Erroneous SCD Incorrect Date (mm/dd/yyyy) Correct Date (mm/dd/yyyy) **Erroneous Separation** Date (mm/dd/yyyy) Other **12.** Forfeiture Amount **13.** Forfeiture Date

mm/dd/yyyy

### GENERAL INFORMATION

Form TSP-5-R must be submitted to the TSP to certify that a participant is entitled to have forfeited funds restored and to initiate the restoration process. A separate Form TSP-5-R must be submitted for each participant. Before a forfeiture can be restored, however, **the agency must also submit an Employee Data Record to correct the data that caused the forfeiture**.

## I. PARTICIPANT INFORMATION

1-2: Complete both items in this section. This information is needed by the TSP to identify the participant's account.

# II. VERIFICATION OF CORRECTIONS MADE TO PARTICIPANT'S TSP ACCOUNT

**3:** Complete this item to provide the Journal Voucher (JV) Report Number and date that the corrected Employee Data Record was submitted. **Form TSP-5-R will not be processed if Item 3 is not completed.** 

#### III. AGENCY IDENTIFYING DATA

Complete this section to provide information about the agency that is requesting the restoration and the person to contact if there are any questions about the request.

- 4: Enter the name of the agency that is requesting that the forfeiture be restored.
- 5: Enter the payroll office number of the agency that is requesting that the forfeiture be restored.
- 6: Type or print the name of the person who is the agency's point of contact for the request to restore the forfeiture.
- 7: Enter the telephone number of the agency's contact person.

### IV. CERTIFICATION AND REQUEST TO RESTORE FUNDS

**8 – 10:** The agency's authorized certifying official who is responsible for the accuracy of the information on Form TSP-5-R must complete this section to request that the forfeited funds be restored. The certifying official must certify that an Employee Data Record has been submitted to correct data in the participant's TSP account.

## V. DATA ENTRY (For TSP use only)

This section is used by the TSP only. Do not complete this section.